



IDEAL Gastro
ASSOCIATES

IDEAL Gastro Associates

1310 San Bernardino Road Ste 103 Upland, Ca 91786

Phone (909) 920-0444 Fax (909) 920-5044

Our Financial Policy

We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance. For your convenience, we accept cash, checks, debit cards and all major credit cards.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. It is the patient's responsibility to know his or her insurance benefits. As a courtesy to you, we will file your insurance claim if you assign the benefits to the doctor- in other words, if you agree to have your insurance company pay the doctor directly. It is your responsibility to contact your insurance company to resolve any nonpayment issues. If your insurance company does not pay the practice within ninety (90) days or denies payment, payment will become your responsibility. If we later receive a check from your insurer, we will refund any overpayment to you.
3. For HMO, PPO, or other managed care networks in which we participate, our policy is that all co-payments, deductibles and other non-covered health care services and supplies be paid at the time of service.

4. Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
5. There will be a \$25.00 returned check fee on all returned checks.
6. If your account remains unpaid, you will be responsible for all attorney, collection fees and charges incurred to collect this debt.

Cancellations

We know that there will be times when you will not be able to keep the appointments that you scheduled. We only ask that if this occurs you call us at least **24 hours** in advance for office visits and **48 hours** in advance for procedures, so that we can provide your appointment slot to another patient. **If you fail to notify us within the time frame and/or fail to keep your appointment, you will be charged a “no show” fee of \$50.00 for office visit and \$100 for procedure.**

Referral Authorization

Please note that it is important that you bring your insurance card(s) and any Referral Authorization information required by your insurance company. If you are not sure whether a Referral Authorization is required, contact your insurance company prior to your visit to our office. Patients who do not obtain the proper Referral Authorization prior to the office visit will be required to reschedule their appointment or pay in full for all services rendered at the time of services.